

his dim lantern and look at his fellow men and the plain facts in the light of the noonday sun, he would recognize that the small circumference of his tub had circumscribed his comprehension and the smoky lantern had obscured his vision.

As the duties and rights of every individual in every community are so interrelated and interdependent, it is obvious that all must comply and co-operate with wise Health Laws to make them effective for the protection of all.

Man himself is the chief source from which diseases are spread. All hygienic laws that leave the individual to do as he pleases in vital matters are futile.

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Edited by FELIX LENGFELD, Ph. D.

Help the propaganda for reform by prescribing official preparations. The committees of the U. S. P. and N. F. are chosen from the very best therapeutists, pharmacologists, pharmacognosists and pharmacists. The formulae are carefully worked out and the products tested in scientifically equipped laboratories under the very best conditions. Is it not plausible to assume that these preparations are, at least, as good as those evolved with far inferior facilities by the mercenary nostrum maker who claims all the law will allow?

Many physicians who have sent to the Collector of Internal Revenue \$1.00 in payment of re-registration from January to July, under the new Revenue Act, will be surprised to have this dollar returned with the request that they forward \$1.50. The new license fee for a physician is \$3 a year or \$1.50 for the half year, and it was assumed that the 50 cents already paid on the old license would be credited to the new. However, the Treasury Department has decided not to do this but to demand the full fee for the period mentioned without regard to any previous fee paid.

The United States Supreme Court, five to four, has sustained the constitutionality of the Harrison Anti-narcotic Act in so far as it relates to criminal prosecution of registered persons for violation of the Act. Many constitutional lawyers had thought that the Supreme Court would consider the Harrison Act a police measure masquerading as a revenue bill and, therefore, an infringement on the constitutional rights of the individual States. The Supreme Court, however, held that Congress has the right to pass any revenue measure it pleases and to make such regulations as it sees fit, it being assumed that these regulations are made for the purpose of preventing fraud upon the revenue. It was held that the Court has no right to question the ulterior motives of Congress but must assume that the measure is a revenue measure, pure and simple.

The court specifically decided that a registered physician is not privileged to give away or sell 500-1/6 grain heroin tablets except to a registered person upon the presentation of a requisition properly signed. It also held that a licensed physician is not privileged to give or sell an addict a like quantity of narcotic for the purpose of preventing bodily discomfort and satisfying the craving. It likewise held that a physician is not privileged to write a prescription containing a narcotic for an addict in order to satisfy the craving of such addict unless the addict be a bona fide patient taking a bona fide cure, and such a prescription cannot be filled by a pharmacist, and if a pharmacist knows that such a prescription is given for the purpose of satisfying the craving and fills that prescription, the physician and he are guilty of conspiracy. In any case, the physician writing such a prescription is liable to criminal prosecution. It has been not uncommon for an addict to request a physician to undertake a cure and to ask that the physician provide him with a small quantity of narcotic while he is being prepared. According to this decision the physician is liable to criminal prosecution if he does this. He must see that the patient begins

the cure at once and he must see that it is a bona fide cure.

The Hygienic Laboratory, Federal Public Health Service, has investigated a number of complaints regarding the toxicity of American Arsphenamine (Salvarsan 606). It was found toxicity in practically every case reported was due to the use of a solution too concentrated or given in too short a time. At least 30 cc. of solution should be allowed for each 1/10 gram Arsphenamine and at least two minutes for the intravenous injection of each 30 cc. This means for the full dose of 6/10 grams at least 180 cc. of solution and twelve minutes for its administration. There is no objection to making the solution somewhat more dilute and taking a slightly longer time to give it.

Conference on Hospital Standardization

(Century Club, San Francisco, April 7, 1919.)

ADDRESS BY FATHER MOULINIER.

In a forceful and convincing address, Charles B. Moulinier, S. J., called attention to the inescapable duties of the medical profession and the public, in making possible a "hundred per cent. of modern medicine" for every patient who enters a hospital. He pointed out that this movement for elevating the standards of hospitals is equal in importance to that which has raised the standards of medical education in this country. The interests of the public can be safeguarded only by improving medical education and by bringing hospital organization to a high degree of efficiency. Every link in the chain of modern hospital organization must be strengthened, the system of records, the hospital staff and the clinical laboratory. Only in this way can the patient receive a "hundred per cent. of modern medicine."

In the achievement of this laudable purpose, the public must help. The patient who is unable to pay for the most thorough medical examination and treatment is nevertheless entitled to such service. It, therefore, becomes the duty of the public to aid in the maintenance of the hospital which serves them.

ADDRESS BY DR. BOWMAN.

Dr. J. G. Bowman, Director of the American College of Surgeons, spoke on Hospital Standardization as it is understood and meant by the College. He pointed out the existence, here and there, of hospitals which had no laboratory nor roentgen service, no system of records, still less an adequate one, and no check of any kind on the work that was done. In such a hospital a practitioner without conscience or professional morals could easily take advantage of his patients, and he instanced one hospital in which a large number of uterine curettings were done, with no laboratory examination of the curettings.

A survey of such hospitals, done in a spirit of helpfulness, so that the faults may be undone and then corrected, would be a notable public service. It would make such hospitals come up to standard, so that patients going there could count on a minimal residence with maximal results. A proper set of records would show this, and such a hospital would be able to compete with the best for public approval and support. A working man to whom time and the permanence of result count perhaps most, could go to such a hospital confident that a hernia operation, for instance, would heal without infection and that the result would have the best expectancy for permanence, etc.

Dr. Bowman urged particularly the responsibility of the directors, who presented the hospital to the public, for the character of the men and work of the place, and begged that this should be frankly

recognized, so that they could offer the hospital facilities for sale to the public, just as the surgeons offered their services for such sale, and that the public in buying should be morally and really assured of receiving the full value of their money.

"RELATION OF THE HOSPITAL TO THE PATIENT."

ADDRESS BY DR. JOHN GALLWEY,
San Francisco.

(Before American College of Surgeons Hospital Standardization Conference, San Francisco, April 7, 1919.)

The relation of the hospital to the patient, like all human relations, depends upon conditions and circumstances. In normal times, in a metropolis like San Francisco, the patient who enters any of our leading hospitals has a right to expect and receive careful diagnosis, as accurate as modern medical science can make. Following diagnosis the patient is entitled to the best scientific service of the medical and surgical department, pathologic department, laboratory department, nursing department, etc.

The small hospital in the small community can not be expected to give the service or have the equipment or facilities that the metropolitan institution has, but in the fundamentals that constitute safety and care, it should be prepared to give better treatment than is available in the homes of its community.

As a social institution the hospital fills a unique place. The hospital is the host and home for sick guests. A host who would be inattentive to guests enjoying robust health would commit a serious breach of hospitality. If the host neglects a sick guest it is unpardonable. The hospitality of the hospital must be unflinching.

When a hospital receives a patient it is charged with a definite responsibility to surround that patient with devoted and efficient service.

The doctor, the nurse, the superintendent, the entire staff and every available resource must be used to serve the patient. The hospital takes the place of tender mother, solicitous father, sympathetic sister and kind brother. It embraces all the relations.

The reason that the patient leaves home and comes to the hospital is to receive better care than the home can give. More complex than the life of the biggest home is the life of the hospital. And as in the home the particular needs of all are consulted and those who need most receive most so in the hospital.

A theoretical hospital, like a theoretical home, is easily standardized according to theoretical standards, but all the scientific tests that may be invented and applied must be measured by one supreme test—the patient's welfare.

A hospital that is built with any other intention than the good of the patients vitiates the primary purpose of a hospital and starts on the road to failure the day it begins.

No matter how high its standards may be on paper, no matter how up-to-date its laboratories, surgeries, sanitary and sterilization systems, no matter how imposing and beautiful its architecture, no matter how perfect the scientific equipment of the physical plant may be, no matter how expert the methods of economy and management, or how well coordinated its various departments have become through the high administrative ability of the Board combined with executive ability of the Superintendent, no matter how fine the technique or proficient and profound the learning of the medical and surgical staff may be, unless all of these activities are intended, directed and dedicated to the benefit of the patient and the service of the community—they are mere tinkling cymbals.

Unless high standards are accompanied by low

mortality they signify nothing. The relative importance of any form of hospital work is the relation it bears to the patient.

Superior buildings and inferior treatment are as anomalous as the showy homes that are built to attract the admiration of strangers and not intended for the comfort, pleasure and welfare of the families that dwell therein. As the welfare of the patient is the purpose for which hospitals were created and exist, it is obvious that anybody or anything connected with a hospital that does not contribute to or would jeopardize the interests of the patient should be eliminated.

Hospital life must be as free from friction as possible, and no discordant note must disturb the patient. The patient is naturally impatient and the relatives are sensitive. The hospital has a most difficult problem to satisfy both and still render the scientific service that mistaken kindness would invalidate. The kind heart without the wise head is dangerous around the sick bed. The milk of human kindness must be pasteurized, and solicitude must be scientifically systematized.

The patient has a right not only to an atmosphere that is chemically pure but that is full of cheer to buoy up sinking spirits.

Less than fifteen per cent. of those who are under doctor's care are treated in hospitals. No one knows as well as the doctor what a handicap home treatment imposes. No one is more anxious for more hospitals and better hospitals than the doctor.

The affiliation between physicians and surgeons and the hospital cannot be too close, for no one can be more intelligently and intimately interested in improving hospital service than the physicians and surgeons who are dependent upon good hospital facilities and co-operation for the care of their patients.

The improvement of hospital work rests largely with the medical profession, and here in California, through the League for the Conservation of Public Health, the profession has undertaken hospital standardization in a most practical way on a broad, constructive basis. The League's program of standardization is based upon the soundest judgment and will be developed from the combined experience of our physicians and surgeons and practical hospital men and women of high ideals. The activities of the Hospital Section of the League will embrace all that may properly come within the scope of hospital work in its relation to the public, the patient and the physician, and all these varied relations and the practical problems they create, must be viewed in the light of facts, circumstances and conditions if we are to reach practical conclusions.

In measuring the success of a hospital surplus signifies the restoration of many to health and usefulness. What is best for the patient is best for the hospital.

A hospital that lacks an abiding conscientious interest in its patients individually and collectively has a fatal defect.

In the relation of the hospital to the patient we should find the best exemplification of the golden rule. The golden rule is the guiding principle of the true hospital. Treat your patients as you would wish to be treated if you were a patient.

Memorial Laboratory Dedication

On April 14, 1919, just preceding the annual meeting of the California State Medical Society at Santa Barbara, occurred the dedication exercises of the Memorial Laboratory and Clinic, established in a new wing of the Cottage Hospital of Santa Barbara by Dr. Nathaniel Bowditch Potter.

Mr. Chatfield Taylor, who fitted out for the new